

BEST AVAILABLE COPY

DOP/KCF
#807



JUN 01 - 6 01 9:30

MAIL STOP 16
PATENT
1501-1293

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Torgny LAGERSTEDT et al.

Conf. 8955

Application No. 10/526,361

Group 1723

National Stage Appln. PCT/SE03/01357

A DISC STACKING ARRANGEMENT

**CLAIM OF SMALL ENTITY STATUS
AND REQUEST FOR REFUND**

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby claim small entity status under 37
CFR 1.27.

Applicants hereby request that 1/2 of the basic
National Stage Fee, 1/2 of the National Stage Search Fee, 1/2 of
the National Stage Examination Fee and 1/2 the surcharge, namely
\$515.00, be credited to Deposit Account No. 25-0120 as the refund
is requested within the three-month term.

Respectfully submitted,

YOUNG & THOMPSON

Benoit Castel

Adjustment date: 08/25/2005 RWHITE1
Benoit Castel, 03262005110526361
745 South 23rd St. #1631 -300.00 OP
Arlington, VA 03262002 -200.00 OP
Telephone (703) 521-2297 -400.00 OP
Telefax (703) 685-0573 -130.00 OP
(703) 979-4709

BC/lad
June 2, 2005

08/25/2005 RWHITE1 00000007 10526361

01 FC:2631	150.00 OP
02 FC:2633	103.00 OP
03 FC:2642	200.00 OP
04 FC:2617	65.00 OP

BEST AVAILABLE COPY



MAIL STOP 16
PATENT
1501-1293

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Torgny LAGERSTEDT et al.

Conf. 8955

Application No. 10/526,361

Group 1723

National Stage Appln. PCT/SE03/01357

A DISC STACKING ARRANGEMENT

CLAIM OF SMALL ENTITY STATUS
AND REQUEST FOR REFUND

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COPY FOR DEPOSIT
ACCOUNT PURPOSES

Sir:

Applicants hereby claim small entity status under 37
CFR 1.27.

Applicants hereby request that 1/2 of the basic
National Stage Fee, 1/2 of the National Stage Search Fee, 1/2 of
the National Stage Examination Fee and 1/2 the surcharge, namely
\$515.00, be credited to Deposit Account No. 25-0120 as the refund
is requested within the three-month term.

Respectfully submitted,

YOUNG & THOMPSON

Benoit Castel
Benoit Castel, Reg. No. 35,041
745 South 23rd Street
Arlington, VA 22202
Telephone (703) 521-2297
Telefax (703) 685-0573
(703) 979-4709

Repln. Ref: 08/25/2005 RWHITE1 0013494600
DAH:250120 Name/Number:10526361
\$515.00 CR

BC/lad
June 2, 2005

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>6/2/05</u>		2 Serial/Patent # <u>10/526301</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing <u>Charge Entity</u>		\$ <u>515</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>515</u>	
		8 TO BE REFUNDED BY:	
		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>25--0120</u>	
9 REASON:			
<input checked="" type="checkbox"/>	Overpayment		
<input type="checkbox"/>	Duplicate Payment		
<input type="checkbox"/>	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>	
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext 23</u>	
OFFICE: <u>DO/EO</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: